

# BEST AVAILABLE COPY

ISSUE SLIP STABLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CA		9-28-01
O.I.P.E. CLASSIFIER		49	10/10/01
FORMALITY REVIEW	FR	1018	10/23/01

H.L.

## INDEX OF CLAIMS

01/02/02

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/1/02
2	✓	✓	3/4/03
3	✓	✓	6/2/03
4	✓	✓	0
5	✓	✓	0
6	✓	✓	0
7	✓	✓	0
8	✓	✓	0
9	✓	✓	0
10	✓	✓	0
11	✓	✓	0
12	✓	✓	0
13	✓	✓	0
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28	✓	✓	0
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45	✓	✓	0
46	✓	✓	0
47	✓	✓	0
48	✓	✓	0
49	✓	✓	0
50	✓	✓	0

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 stapl additional sheet here

(LEFT INSIDE)

369  
 10/23/01  
 856  
 01-02-01